

Indiana Professional Licensing Agency
Indiana Massage Therapy Board
402 W. Washington St. Room W072
Indianapolis, IN 46204



MASSAGE THERAPY RENEWAL APPLICATION

Please return this entire page to the address above after filling in all blank fields and answering all questions on the form. Please be sure to enclose your renewal fee of \$150.00. Checks should be payable to: "Indiana Professional Licensing Agency."

«LICENSE_TYPE» Renewal Form

	Name	Certificate Number	Expiration Date	Renewal Fee
Indiana Renewal Application	Address:	SINCE YOU LAST RENEWED: (if yes to any question, attach documentation and resolution of action)		
		1. Has any health profession license, certificate, registration, or permit you hold or have held in health care been disciplined <i>or</i> are formal charges pending?	YES	NO
		2. Have you been denied a license, certificate, registration, or permit in health care in any state?	YES	NO
		3. Have you been charged with, convicted of, pled guilty to, or nolo contendere to a violation of a federal or state law <i>or</i> are criminal charges pending?	YES	NO
	Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.	4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	YES	NO
		5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?	YES	NO
		6. Do you have professional liability insurance which lists the State of Indiana as additionally insured?	YES	NO
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions)		Date Signed
Email Address:				ADD A LATE FEE of \$50 if POSTMARKED AFTER 05/15/2013

- **IF YOU ANSWERED "YES"** to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they must be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.
- **Mail to:** Indiana Professional Licensing Agency
Attn: Massage Therapy Board
402 W. Washington St. Room W072
Indianapolis, IN 46204
- **Late renewals:** If you renew after May 15, 2013, you must pay a \$50.00 late fee in addition to the renewal fee - no exceptions.
- **Name changes:** Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other court order establishing legal name) and mail to the address above. Please include your license number.
- **Pocket cards:** The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at www.pla.in.gov.
- **If you have questions:** contact the Massage Therapy Board by email at pla6@pla.in.gov or by phone at (317) 234-2051.